



Part-Time Application

For students NOT seeking a degree from SUNY Sullivan*

* **Exception:** SCCC students currently enrolled in a major and registering for summer or winter intercession classes.

If you choose to take courses that will apply towards a SUNY Sullivan degree or certificate you must be officially admitted to the college. You'll need to complete the "Application for Admission" online or go to the Admissions Office (434-5750 Ext. 4287.)

Directions:

1. You must be a U.S. Citizen to use this form. If you are not, please use the SCCC application in the Admissions Office. Answer ALL questions on application - **Please PRINT**

2. **Bring, mail or fax application and payment.**

Mail to: Registration Services – SCCC,
112 College Road, Loch Sheldrake, NY 12759-5151

FAX to: 1-845-434-4806 Phone: 1-845-434-5750 Ext. 4302

3. **Obtain a current New York Certificate of Residency** from your local county government office and mail it to "Student Billing" at the above address. Certificates must be received within 15 days of registration and are valid for one year. For example, if you submitted a certificate in September, you do not need another certificate to register for winter or spring classes. If no certificate is received, you'll be charged out-of-state tuition. Additional information on certificates is available on the web: <http://www.sunysullivan.edu/studentbilling/>

Year: _____ **Term:** Fall Spring Winter Intersession Summer Session

PRINT

Name: _____
First Middle Initial Last

Permanent Address _____

City: _____

State and ZIP _____

County of Residence: _____

Home Phone: (_____) _____

Business or Cell Phone: (_____) _____

Email: _____
**(required for SLN courses)*

• Citizenship: United States of America _____ Yes

• Gender: _____ Male _____ Female

• Date of Birth: _____ / _____ / _____

• Social Security Number: _____ - _____ - _____

- Have you previously attended SCCC? ___ Yes ___ No
If yes,
- Student ID # _____
- If attended with a different name, provide name: _____
- Indicate last semester attended: _____
- Identify major: _____

• Have you ever been convicted of a felony?
_____ No _____ Yes

- Ethnicity: Indicate your race (*check all that apply*)
 - American Indian or Native Alaskan
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White

Are you Hispanic/Latino? Yes No

If Hispanic/Latino, please indicate your background (select one):

- Central American Puerto Rican
- Dominican South American
- Mexican Other Hispanic/Latino

Note: New York State Law requires that all students taking six (6) or more credits who were born after January 1, 1957 provide proof of immunity to measles, mumps and rubella. For more information call Health Services at 1-845-434-5750 Ext. 4247.

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